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Institution of Higher Education Quarterly Project Report to State Clearinghouse

Fiscal Year:		1 st Qtr 🗌	2 nd Qtr	3 rd Qtr □	4 th Qtr
Name of Institution:					
Contact Person:		Telephone Number:			
Address:					
City:	State:		Zip Code:		
Type of Award:	Gra	ant	Contract	Co	poperative Agreement
Construction: Yes		☐ No			
Equipment: Yes		□ No			
Institutional Control Number:					
Funding Agency Number:					
Starting Date:		Endin	g Date:		
Type of Award: Ne	W	☐ Continuation	on	Revision	Renewal
Funding: Federal Applicant State Other (specify) TOTAL	\$ \$ \$ \$				
Areas Affected By Project: (States, Cities, Counties, Statewide, Etc.)					
Project Title:					

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